



Department of Veterans Affairs

VIOLENT BEHAVIOR QUESTIONNAIRE

(Within 45 Days of Incident)

NAME OF VA FACILITY		CASE NUMBER (Facility No., Station or Identification No., year, month, and Incident No. at facility in ascending order)		E-MAIL ADDRESS OF INDIVIDUAL COMPLETING THIS FORM		DATE COMPLETED	
1A. DATE OF INCIDENT		1B. DAY OF WEEK INCIDENT TOOK PLACE		1C. TIME INCIDENT BEGAN <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		1D. TIME INCIDENT ENDED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
2A. DOES ALLEGED AGGRESSOR HAVE A MEDICAL HISTORY <input type="checkbox"/> YES (If "YES," complete item 2B) <input type="checkbox"/> NO		2B. CASE NUMBER		3. NUMBER OF LOST WORK HOURS (Include all hours such as debriefing, etc.) (In no hours lost, leave blank.)			
4. INCIDENT RESULTED IN:							
4A. PHYSICAL INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		4B. FIRST AID CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		4C. REFERRED TO PHYSICIAN <input type="checkbox"/> YES <input type="checkbox"/> NO		4D. OFFICE OF WORKERS COMPENSATION CLAIM (OWCP CA-1, CA-2, CA-6) <input type="checkbox"/> YES (If "YES," complete item 4E) <input type="checkbox"/> NO	
4E. CASE NUMBER							
4F. IDC 9 CM CODE (International Classification of Diseases)							
5. REPORTS							
5A. SAFETY INCIDENT REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		5B. SECURITY REPORT <input type="checkbox"/> YES (If "YES," complete item 5C) <input type="checkbox"/> NO		5C. SECURITY REPORT NUMBER			
6. WAS ACTION RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO							
7A. IF EMPLOYED BY FACILITY THEN CHECK LAST FORMAL TRAINING IN MANAGING AGGRESSIVE OR VIOLENT PERSONS <input type="checkbox"/> NEVER TRAINED <input type="checkbox"/> TRAINED WITHIN PAST SIX MONTHS <input type="checkbox"/> TRAINED ONE YEAR AGO <input type="checkbox"/> TRAINED TWO YEARS AGO <input type="checkbox"/> TRAINED MORE THAN TWO YEARS AGO (If checked, please complete item 7B)						7B. IF TRAINED MORE THAN TWO YEARS AGO, THEN HOW LONG AGO	
8. IF TRAINED:							
8A. WERE PERSONAL CONTACT SKILLS (PCS) TAUGHT <input type="checkbox"/> YES (If "YES," complete item 8B) <input type="checkbox"/> NO		8B. WERE PERSONAL CONTACT SKILLS (PCS) USED <input type="checkbox"/> YES <input type="checkbox"/> NO		8C. WAS THE HANG TECHNIQUE USED <input type="checkbox"/> YES <input type="checkbox"/> NO		8D. WERE PERSONAL SAFETY SKILLS TAUGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	
8E. DID TRAINING INCLUDE ROLE-PLAYING PRACTICE SESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		8F. WAS THE TRAINING ABLE TO BE APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO		9. WHAT ARE THE MOST EFFECTIVE/USEFUL ELEMENTS TO TRAINING <input type="checkbox"/> PERSONAL CONTACT SKILLS <input type="checkbox"/> HANG TECHNIQUE <input type="checkbox"/> PERSONAL SAFETY SKILLS <input type="checkbox"/> VERBAL SKILLS <input type="checkbox"/> ROLE-PLAY <input type="checkbox"/> OTHER (Specify)			
10. HAS FACILITY SAFETY COMMITTEE REVIEWED INCIDENT REPORT <input type="checkbox"/> YES <input type="checkbox"/> HAS BEEN SENT TO COMMITTEE FOR REVIEW <input type="checkbox"/> NO <input type="checkbox"/> SENT TO COMMITTEE FOR INFORMATION ONLY <input type="checkbox"/> UNKNOWN							
11. ORGANIZATIONAL							
11A. DAYS OF SICK LEAVE OR ADMINISTRATIVE ABSENCE ARE USED AS A RESULT OF VIOLENCE <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER <input type="checkbox"/> UNKNOWN				11B. TURNOVER RATE IN THE SERVICE WHERE THE INCIDENT OCCURRED <input type="checkbox"/> HIGH <input type="checkbox"/> ABOUT WHAT IS EXPECTED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> LOW <input type="checkbox"/> REASON (e.g., RIF) _____			
11C. TOP THREE JOB CLASSIFICATIONS IN THE SERVICE (e.g. Nurse)							
11D. EXTENT SUPERVISOR IS WILLING TO LISTEN TO WORK RELATED PROBLEMS <input type="checkbox"/> NOT WILLING <input type="checkbox"/> SLIGHTLY WILLING <input type="checkbox"/> SOMEWHAT WILLING <input type="checkbox"/> VERY WILLING							
11E. AN INCIDENT OCCURRED DURING ONE SHIFT WAS COMMUNICATED TO THE NEXT SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO							

NOTE: Please call (205) 731-1812, extension 317, to express your questions regarding this Violent Behavior Questionnaire.